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COPING WITH INDUSTRY WIDE TRENDS - EFFORTS OF THE MISSOURI MEDICAID PHARMACY PROGRAM

As a result of new drugs, rapidly changing prescribing patterns and increased expenditures in the Missouri Medicaid fee-for-service pharmacy program, the Medicaid program continues to implement a number of administrative measures to ensure the economic and efficient provision of the Medicaid pharmacy benefit. These strategies have been developed through recommendations from a number of sources, including affected state agencies, provider groups, and the pharmaceutical industry. These initiatives, to make sure that Medicaid recipients get the right drug to meet their needs, in the right amount, for the right time period, must be implemented within very short time frames.

PRIOR AUTHORIZATION OF ANTI-ULCER PRODUCTS

This is to inform providers that effective December 1, 2000, the Missouri Medicaid Drug Prior Authorization (PA) Program is being expanded to include two (2) anti-ulcer drug classes – proton pump inhibitors (PPIs) and histamine 2 receptor (H2) antagonists. Effective for service dates on or after December 1, 2000, utilization of any product in either of these two classes beyond the 90th day of therapy will require PA. **Exceptions to this requirement will be utilization of H2 antagonists at a maintenance dose level**.

Pharmacy providers have been receiving alert messages for a number of years which identify patients that have either begun, continued or exceeded a 90 day course of therapy at a therapeutic dose level for H2 antagonists. Patients about whom these alerts have been generated, and who continue to obtain this class of drugs at a therapeutic dose, will be impacted on the date of implementation of the PA restriction. Prescriptions for PPIs will start being counted toward the 90 day therapeutic limit effective for dates of service November 1, 2000, and thereafter.

In order to obtain PA for these products beyond the 90th day of therapy, the prescriber must contact the state agency's Drug Prior Authorization Unit and provide information such as, but not limited to, the following:

Product and strength requested;
Diagnosis for which the product is prescribed;
Whether or not an H. pylori test has been completed and the type of test performed, if appropriate; and the results of such test;
Anti-ulcer medication(s) tried in that specific patient and the effectiveness of those therapies; and
Approximate date that patient will complete 90 days of therapy.

Drug prior authorization approvals for these drug categories will be dosage strength specific. If a dosage strength other than that authorized is dispensed, the claim will deny.

Drug PA requests will continue to be accepted via telephone, FAX and mail. However, due to the sophistication of the algorithms for these classes, providers may find it more expedient to telephone requests via the Drug Prior Authorization Hotline at 1-800-392-8030 during the initial implementation phase.

PRIOR AUTHORIZATION OF ADDITIONAL PRODUCTS

Effective for dates of service December 1, 2000, and thereafter, the following drug products will require PA to be reimbursable under the Missouri Medicaid Pharmacy Program:

Product or Category	Allowed Indications
Butorphanol, nasal spray	Override of quantity restriction allowed for medically accepted uses
Drugs used to treat sexual dysfunction	Sexual dysfunction
Modafanil	Medically accepted uses
Orlistat	Dyslipidemia

BUTORPHANOL NASAL SPRAY

Effective for dispensing dates beginning December 1, 2000, a system enhancement will limit payment of Stadol NS® (butorphanol nasal spray) to a maximum of 15 cc (6 canisters) total per 30-day period. Claims exceeding this system limit will deny. If a claim is denying for this reason, providers will receive the EOB message, "Exceeds allowed quantity and/or duration for this restricted product." Any request for drug PA beyond this amount will require a review of patient specific clinical information, provided by the prescribing physician, at the next quarterly meeting of the Drug PA Committee.

DRUGS FOR SEXUAL DYSFUNCTION

To date, only Viagra® (sildenafil citrate) has required PA. Effective with dispensing dates beginning December 1, 2000, this category of drug products has been expanded to require PA for all drugs used to treat sexual dysfunction, including Muse®, Caverject®, and Edex® (alprostadil).

As new products for the treatment of sexual dysfunction become available, they will also be subject to PA.

Prescribers calling for PA of this drug category will be asked to provide drug PA staff with the date of the last complete physical examination. When requesting sildenafil citrate, prescribers will also be asked for any differential diagnosis and the names of any nitrate preparations being used by the patient. When requesting alprostadil, prescribers will also be asked about other preexisting conditions and differential diagnoses.

Effective December 1, 2000, the maximum allowable for Viagra® will be reduced to six(6) doses per 30-day period. Other drug PA approvals for drugs in this category will also be subject to a maximum limit of six (6) doses per 30-day period. A system enhancement limits payment to this amount for dispensings on all drug PA's (existing and newly-issued) for this category.

Claims submitted in accordance with the allowed dispensing guidelines will be paid. This calculated limitation is based on the total doses dispensed in the 30-day period. Those claims exceeding the allowed limitations will be denied. If the claim is denying for this reason, providers will receive the EOB message, "Exceeds allowed quantity and/or duration for this restricted product." This limitation affects pharmacy claims submitted via all media (paper, tape, diskette, or point of service).

ORLISTAT FOR DYSLIPIDEMIA TREATMENT

The criteria for approval of requests for PA of orlistat limit its use to the treatment of dyslipidemia. Documentation required for review includes specific patient information and clinical history regarding the therapies tried and the effect of those therapies on the specific patient's lipid profile. Information necessary for review will include a copy of the patient's lipid profile, which may be provided by FAX. Additionally, prescribers initiating the request will need to provide information about the length of treatment on HMG CoA Reductase Inhibitors, Bile Acid Sequestrants, Fibric Acid Derivatives, and Niacin products; the specific products used in each category; and the patient's lipid profile and liver enzyme levels after treatment with these agents.

MODAFANIL FOR MEDICALLY ACCEPTED USES

The criteria for approval of requests for PA of this product require documentation of appropriate testing to verify the diagnosis provided, as well as information regarding other therapies tried and the patient's response. For example, for the diagnoses of narcolepsy, obstructive sleep apnea and idiopathic CNS hypersomnia, documentation of the results of a polysomnogram and multiple sleep latency test is required and may be submitted via FAX.

DRUG PRIOR AUTHORIZATION PROCEDURES

Drug prior authorization (PA) requests are accepted and responded to via telephone (800-392-8030) or FAX (573-751-2439), Monday through Friday, 8:00 a.m. to 5:00 p.m. except for federal and state holidays. As specified in OBRA 90, drug PA programs must provide a response by telephone or other telecommunication device within 24 hours of a request.

All requests for drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which PA is being requested. All requests must include all required information. The majority of requests received that have sufficient information and are initiated by a physician or authorized prescriber will receive a response either during the requestor's call or by return FAX. Requests received with insufficient information for review or received from someone other than a physician will not initiate a PA review nor the 24-hour response period.

Notification of approval will be given at the time of the call or by return FAX. The requestor will be given a seven-digit PA number and an approval end date. The PA number and the approval end date must be communicated to the dispensing pharmacy either verbally or on the face of the prescription. This information should also be recorded in the patient's medical record, as additional prescriptions written for the approved drug, within the approval period, will also require this information. Pharmacies may record this information for this purpose as well.

Due to the anticipated increase in the volume of calls by requestors to the Drug PA hotline, pharmacies not receiving the PA number and expiration date, or having no record of this information, should contact the prescriber or call the Provider Communications hotline at 800-392-0938. While the drug PA unit has historically attempted to accommodate pharmacies by providing this information when requested, the increase in call volume will preclude this in the future.

For additional information about drug PA procedures, providers may refer to Special Bulletin, Vol. 14, No 7, dated June 12, 1992.

31 DAY MAXIMUM SUPPLY RESTRICTION

This is to inform providers that effective for dates of service December 1, 2000, and after, the State agency is implementing a 31-day maximum supply restriction on claims submitted for prescriptions dispensed to Missouri Medicaid recipients. The following categories are exempt from this restriction:

Drug or Category	Maximum Limitation, if applicable
Antiretroviral agents	
Contraceptives, oral	One year
Drug products limited by packaging requirements	Packaging requirements
Vitamins, Children's	100 days supply
Vitamins, Prenatal	100 days supply

Pharmacy claims submitted for a days supply greater than allowed under this policy will be denied. Quantity restrictions, such as for aspirin and acetaminophen, in effect prior to the December 1, 2000, effective date of this policy, will be removed.

MISSOURI MAXIMUM ALLOWABLE COST (MAC) LIST EXPANSION

This is to inform providers that the Missouri Maximum Allowable Cost (MAC) list is being expanded effective for dates of service December 1, 2000, and thereafter. An up to date listing of generic reimbursement limitations has been sent to pharmacy providers.

Please note that the product clozapine will be subject to a generic reimbursement limitation effective December 1, 2000. Due to the special circumstances related to this product and the conditions this product treats, patients currently being maintained on trade name Clozaril® may continue to utilize that product if the prescriber contacts the Drug Prior Authorization Unit to obtain an override to the generic reimbursement limitation. Drug prior authorization requests for patients receiving Clozaril® prior to December 1, 2000, may be requested by prescribers beginning immediately.

For patients being initiated on clozapine therapy on or after December 1, 2000, prescribers must document a generic trial in order to obtain an override to the generic reimbursement limitation.